## REQUEST FOR CUMULATIVE RADIATION EXPOSURE RECORD

In order to maintain an accurate exposure history, it is necessary for the NCI-Frederick Radiation Safety Office to receive as the record of cumulative radiation dose, an up-to-date NRC Form 4, or its equivalent, from your most recent employer for work involving radiation exposure.

The individual for whom the exposure was measured must request his/her exposure history in writing.

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| Please complete and sign radiological work was per | -   | sent it to your most recent employer for whom  |
| £  |   |  |
| To Whom It May Concern                             | 1:  |  |
|  |   | ts to Individuals," and 20.2104, "Determinationing my occupational radiation exposure history. |
| Name of former employer                            | :   |  |
| Period of employment: _                            |   |  |
| Social Security number:                            |   |  |
| Prior occupational dose is                         | to be in the form of an up-   | to-date Form 4 or its equivalent.  |
| Please send report to:                             | Radiation Safety Office<br>SAIC Frederick<br>NCI-Frederick<br>P. O. Box B, Building 42<br>Frederick, MD 21702 | 26   |
| Sincerely,   |   |  |
| (Signature)  |   |  |
| (Print yo  | our name)   |  |